10320

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH · COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Norton Md Rural — LENGTH OF STAY (in this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Norton Rural — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Norton Md
STREET ADDRESS (If rural, give location): Fountain Rural Norton Md

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Carlton Stanbury Boyer
4. DATE OF DEATH (Month) (Day) (Year): Oct 22 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): married
8. DATE OF BIRTH: Mar 29 1883
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work
10b. KIND OF BUSINESS OR INDUSTRY: Labor Farming
11. BIRTHPLACE (State or foreign country): Rural Norton Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Boyer
14. MOTHER'S MAIDEN NAME: Rachel Janes Hynson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: 220-01-8847
17. INFORMANT AND ADDRESS: Mary E Boyer, Norton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral accident, Hypertension

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio sclerosis, chron endo-myocarditis

92d (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/17, 1950, to 10/22, 1950, that I last saw the deceased alive on 10/20, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Albert A. Burgard M.D. — ADDRESS: Rock Hall, Md — DATE SIGNED: 10/24/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: 10/26/50 — NAME OF CEMETERY OR CREMATORY: Fountain Church yard — LOCATION (City, town, or county) (State): Rural Norton Maryland

DATE REC'D BY LOCAL REG.: 10/26/50 — REGISTRAR'S SIGNATURE: E Kennard Jones — 24. FUNERAL DIRECTOR: B R Fellows Still Pond Md — ADDRESS:

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
OCT 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10321

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent Co Betterton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton Md
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Betterton Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton Md
STREET ADDRESS (If rural, give location) Betterton Md.

3. NAME OF DECEASED (Type or Print) (First) Harvey (Middle) — (Last) Brice

4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 1950

5. SEX Male
6. COLOR OR RACE Aphite
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 19 1861
9. AGE last birthday 88 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Captain Retired Boat
10b. KIND OF BUSINESS OR INDUSTRY Chesbay Retired
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? Ussa

13. FATHER'S NAME Wilden Brice
14. MOTHER'S MAIDEN NAME Aldridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Richard Gamber.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	immediate
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Heart Disease	over 4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1950, to ....., 19....., that I last saw the deceased alive on Oct. 7, 1950, and that death occurred at 6 45/pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) John R. Wiener
ADDRESS Chestertown, Md.
DATE SIGNED Oct. 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct 9/50
NAME OF CEMETERY OR CREMATORY Still Pond Cemetery
LOCATION (City, town, or county) Still Pond (State) Md

DATE REC'D BY LOCAL REG. Oct 9/1950
REGISTRAR'S SIGNATURE E Kennard Jones.
24. FUNERAL DIRECTOR B R Reeves
ADDRESS Still Pond Md

13051

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 13 1950
BUREAU V. S

RECEIVED
OCT 13 1950
BUREAU V. S

10322

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Worton, Md.
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Md.
STREET ADDRESS (If rural, give location) 119 Railroad Ave.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) COLEMAN
4. DATE OF DEATH (Month) Oct. (Day) 9 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) widow
8. DATE OF BIRTH 1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY housework
11. BIRTHPLACE (State or foreign country) Md. Queen Anne's Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Henry Coleman
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Emma Wilmore Box 13 Still Pond, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
444X Immediate cause	(a) Arterial hypertension	unknown
102 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility. — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25, 1950, to 10-9, 1950, that I last saw the deceased alive on 10-9, 1950, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE R. Hutchins (Degree or title) M.D. ADDRESS Chestertown Md DATE SIGNED 10-10-50

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) Burial
DATE THEREOF Oct. 12, 1950.
NAME OF CEMETERY OR CREMATORY Colemans Cemetery
LOCATION (City, town, or county) (State) Colemans R.F.D. Worton, Md.

DATE REC'D BY LOCAL REG. 10/12/50
REGISTRAR'S SIGNATURE E Kennard Jones
24. FUNERAL DIRECTOR B.R. Fellows ADDRESS Still Pond, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10323

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 30 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queens Anne's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warton.
STREET ADDRESS (If rural, give location) Warton

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) CRANE (Last) DEFORD

4. DATE OF DEATH (Month) Oct. (Day) 5 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Mar. 13, 1887
9. AGE last birthday 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Wm. E. DeFord
14. MOTHER'S MAIDEN NAME Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 220-03-4429
17. INFORMANT AND ADDRESS Mrs. Randolph Williams, Warton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hours.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1950, to Oct. 5, 1950, that I last saw the deceased alive on Oct. 5, 1950, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

SIGNATURE Robert E. Ensor, M.D. (Degree or title) ADDRESS Chestertown, Md. DATE SIGNED 10/5/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 8 1950
NAME OF CEMETERY OR ~~CREMATORY~~ Church Hill
LOCATION (City, town, or county) (State) Church Hill, Maryland

DATE REC'D BY LOCAL REG. Oct. 7-1950
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR Marvin V. Williams - ADDRESS Chestertown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
OCT 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10324

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE New York COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 20 minutes	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 12 Monroe St. Brooklyn, N.Y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General	STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)	(First) ~~Hackett~~ Odessa	(Middle) Hannand	(Last) Hackett	4. DATE OF DEATH	(Month) Oct (Day) 24 (Year) 1950
5. SEX F	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec 5, 1926	9. AGE last birthday 23 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student nurse	10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME George Ralph Hackett	14. MOTHER'S MAIDEN NAME Dyronia Helen Jones				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. ✓	17. INFORMANT AND ADDRESS Dyronia H. Hackett, Wortman Mill Rd. Brooklyn, N.Y.			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Antepartum hemorrhage	3½ hours
643X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Marginal placenta previa –	7 months
143a	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Family gave history of convulsive seizures	12 hours

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24, 1950, to 10-24, 1950, that I last saw the deceased alive on 10-24, 1950, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Kent Warr	M.D.	Chestertown, Md.	10-25-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial	DATE 10/28/50	NAME OF CEMETERY OR CREMATORY Mt. Zion	LOCATION (City, town, or county) (State) Still Pond, Md.
DATE REC'D BY LOCAL REG. Oct. 26-1950	REGISTRAR'S SIGNATURE Clara L. Barnes.	24. FUNERAL DIRECTOR B. R. Fellows	ADDRESS Still Pond, Md

V3692

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 30 1950
BUREAU V. S

10325

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH · COUNTY: Kent — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — LENGTH OF STAY (in this place): 43 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gratitude	STREET ADDRESS (If rural, give location): Gratitude

3. NAME OF DECEASED (Type or Print)	(First) Sadie	(Middle) L.	(Last) Kingsland	4. DATE OF DEATH	(Month) Oct (Day) 8 (Year) 1950
5. SEX: Fem.	6. COLOR OR RACE: Wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: April 17 1869	9. AGE last birthday: 81 yrs.	If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boardinghouse	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Western Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Barkus	14. MOTHER'S MAIDEN NAME: not known				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —	16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: Gr. Copper Gratitude, Rock Hall			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 Immediate cause (a) chron Endo-Myocarditis, Decompensation

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) ~~Ca of~~ aaB.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ca of right breast (operation)

19a. DATE OF OPERATION: 1945	19b. MAJOR FINDINGS OF OPERATION: Ca of breast	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 3, 1950, to Oct 8, 1950 that I last saw the deceased alive on 10/8, 1950, and that death occurred at 8 45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert G. Burgard M.D. — ADDRESS: Rock Hall Md — DATE SIGNED: 10/8/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Wed Oct 11/50	NAME OF CEMETERY OR CREMATORY: Green Mount	LOCATION (City, town, or county): Baltimore city (State): Md
DATE REC'D BY LOCAL REG.: Oct 8/50	REGISTRAR'S SIGNATURE: S. Elwood Bungeser	24. FUNERAL DIRECTOR: Wm. Cook	ADDRESS: Baltimore Md

15687

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 13 1950
U.S. GEOLOGICAL SURVEY

10326

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202.

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown (Rural) — LENGTH OF STAY (in this place): 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chestertown R.D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Chestertown
STREET ADDRESS (If rural, give location): Chestertown R.D. #2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): George C. Lambert
4. DATE OF DEATH (Month) (Day) (Year): Oct. 13 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 8 1878
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor - Hotel
10b. KIND OF BUSINESS OR INDUSTRY: - retired -
11. BIRTHPLACE (State or foreign country): Chestertown Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George C. Lambert
14. MOTHER'S MAIDEN NAME: Mary T. Rawleigh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY No.: 218-20-5344
17. INFORMANT AND ADDRESS: Mrs. Sarah Estelle Vickers - Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X Immediate cause (a) Carcinoma of the head of the pancreas and liver. ascites

46g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) chronic endo-myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1950, to 10/13, 1950, that I last saw the deceased alive on 10/11, 1950, and that death occurred at 12 10 P m., from the causes and on the date stated above.

SIGNATURE: Albert G. Burgard — (Degree or title): M.D. — ADDRESS: Rock Hall — DATE SIGNED: 10/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct. 15, 1950
NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery
LOCATION (City, town, or county) (State): Near Fairlee, Kent Co. Md.

DATE REC'D BY LOCAL REG.: Oct. 15-1950
REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: Marvin A. Wilhaim — ADDRESS: Chestertown Md.

15687

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT. 17 1950
BUREAU V. S

10327

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH · COUNTY Kent · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton · LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Archie	(Middle)	(Last) Leigh	4. DATE OF DEATH	(Month) Oct (Day) 10 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Aug. 9. 1892	9. AGE last birthday 58 yrs.	If under 1 year Months. Days · If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Betterton	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME John Leigh	14. MOTHER'S MAIDEN NAME Cecelia Turner				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Wm Harry Coleman - Chesterton Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.3 Immediate cause (a) Malnutrition

Antecedent cause(s)

85 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mental deficiency since birth

(c) Epileptic!

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Confined to his home.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank W Smith	Deputy Medical Examiner	Kent Co.	Oct Aug 11/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 12/50	Stillpond Cemetery	Stillpond Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/12/50	E Kennard Jones	B. R. Tellows	Stillpond Md.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 18 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10328

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee
STREET ADDRESS (If rural give location) Chestertown R. R. 2nd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jesse	K.	Middleton	Oct.	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	married	Feb. 12, 1858	92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired sailor river	& bay freight boats	Kent. Co. Maryland	USA

13. FATHER'S NAME: James Veasey Middleton

14. MOTHER'S MAIDEN NAME: Sarah E. Kendall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	no	Mrs. Oscar Leaverton Fairlee, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X Immediate cause (a) Uremia

Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Prostate and bladder

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
about Sept 3 1950	ca of Prostate + bladder	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 7, 1950, to Oct 4, 1950, that I last saw the deceased alive on Oct 3, 1950, and that death occurred at 12 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. A. Burgard	M. D.	Rock Hall, Md	10-5-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 7, 1950	Wesley Chapel Cem.	Rock Hall, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct 6 1950	F. A. Smith	J. Willis Wells - Chestertown, Md.

460 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 9 1950
BUREAU OF

10329

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Worton Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Worton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Worton md
STREET ADDRESS (If rural, give location) Worton

3. NAME OF DECEASED (Type or Print) (First) Sophie (Middle) (Last) Miller
4. DATE OF DEATH (Month) Oct (Day) 2 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb 29 - 1864
9. AGE last birthday 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School teacher
10b. KIND OF BUSINESS OR INDUSTRY Schools
11. BIRTHPLACE (State or foreign country) Chesterville md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Miller
14. MOTHER'S MAIDEN NAME Elizabeth Aldridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Tilden Cooper Rural Worton md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Myocardial Failure — Immed.

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Oct, 1950, that I last saw the deceased alive on Oct 2, 1950, and that death occurred at 9 00 p.m., from the causes and on the date stated above.

SIGNATURE John R. [illegible] (Degree or title) ADDRESS Chestertown Md. DATE SIGNED Oct. 5, 1950.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/5/50
NAME OF CEMETERY OR CREMATORY Galena cemetery
LOCATION (City, town, or county) (State) Galena md

DATE REC'D BY LOCAL REG. Oct. 5-1950
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR B R Fellows ADDRESS Still Pond md

V3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 9 1950
BUREAU V. S

10330

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton
LENGTH OF STAY (in this place) 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) V. (Last) MOORE

4. DATE OF DEATH (Month) Oct. (Day) 16, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) married
8. DATE OF BIRTH Jan. 13, 1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward P Hopkins
14. MOTHER'S ~~MAIDEN~~ NAME Carrie Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Littleton Moore, Betterton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic fever in childhood

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 14, 1950, to Oct 15, 1950, that I last saw the deceased alive on Oct 14, 1950, and that death occurred at 6 P.m., from the causes and on the date stated above.

SIGNATURE James Edwin Redman (Degree or title) MD ADDRESS Betterton, Md DATE SIGNED Oct 16 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 18 1950
NAME OF CEMETERY OR CREMATORY Still Pond Cemetery
LOCATION (City, town, or county) Still Pond Md (State)

DATE REC'D BY LOCAL REG. 10/18/50
REGISTRAR'S SIGNATURE E. Kennard Jones
24. FUNERAL DIRECTOR B R Wellows ADDRESS Still Pond

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 19 1950
BUREAU N.Y., S

Evidence for change of age shown on:

FILM No. G 128 OCT 31 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Evidence for addition of 18 shown on: 10331

FILM No. G 129 NOV 13 1950

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Worton
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Worton Rural COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Worton Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Gladys (Middle) Emma (Last) Phillips

4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 1950

5. SEX Female

6. COLOR OR RACE Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) married

8. DATE OF BIRTH Dec 25 1901

9. AGE last birthday 48 ~~47~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work

10b. KIND OF BUSINESS OR INDUSTRY housework

11. BIRTHPLACE (State or foreign country) Eadesville Kent Md.

12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME Andrew Butler

14. MOTHER'S MAIDEN NAME Carrie Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hellen Hyonson Worton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malignancy of the Uterus

174 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Confirmed at the University of Penn. Hospital)

48 b (11-10-50 - ams)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Abdominal Sinus drainage — 2 weeks

19a. DATE OF OPERATION -- ?

19b. MAJOR FINDINGS OF OPERATION Hysterectomy.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 19....., to Oct 18, 1950, that I last saw the deceased alive on Oct 18, 1950, and that death occurred at 5.15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank W Smith ADDRESS Chestertown Md DATE SIGNED Oct 23/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial DATE THEREOF Oct 25 1950 NAME OF CEMETERY OR CREMATORY Eadesville cemetery LOCATION (City, town, or county) Eadesville Kent (State) Md

DATE REC'D BY LOCAL REG. Oct. 24-1950 REGISTRAR'S SIGNATURE Clara S. Barnes. 24. FUNERAL DIRECTOR B R Fellows ADDRESS Still Pond Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 26 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10332

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Lynch Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —; LENGTH OF STAY (in this place) 13 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Lynch Kent; STATE md; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lynch md; STREET ADDRESS (If rural, give location) main St

3. NAME OF DECEASED (Type or Print): (First) Mrs (Middle) Clara Rasha (Last) Rasin

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 16 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Smyrna Del

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Rash

14. MOTHER'S MAIDEN NAME: Mary Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Wm. Rasin Lynch md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	unknown.
Antecedent cause(s) 420.0	(b) Arteriosclerotic Heart dis.	2
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 938	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Oct., 1950, that I last saw the deceased alive on Oct. 3, 1950, and that death occurred at 2.40 p.m., from the causes and on the date stated above.

SIGNATURE: John R. Wates (Degree or title) ADDRESS: Chestertown Md. DATE SIGNED: Oct. 5, 1950.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/6/1950 | NAME OF CEMETERY OR CREMATORY: Still Pond | LOCATION (City, town, or county) (State): Still Pond md

DATE REC'D BY LOCAL REG.: 10/5/50 | REGISTRAR'S SIGNATURE: E. Esmund Jones

24. FUNERAL DIRECTOR: B R Fallows ADDRESS: Still Pond Md

RECEIVED
OCT 9 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10333

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; MARYLAND; LENGTH OF STAY (in this place) 74; HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; STREET ADDRESS (If rural, give location) Edesville

3. NAME OF DECEASED (Type or Print): (First) Wm (Middle) (Last) Wickes

4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 1950

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec 26 - 1872

9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Rock Hall Kent

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Wickes

14. MOTHER'S MAIDEN NAME: Elizabeth —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis Acute — Interval Between Onset and Death: One day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

501 X
93a

(b) Bronchitis

(c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION: ✓

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ✓ (CITY OR TOWN): ✓ (COUNTY): ✓ (STATE): ✓

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓

INJURY OCCURRED While at Work ☐ Not While At work ☐: ✓

HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Oct 31, 1950, to Oct 31, 1950, that I last saw the deceased alive on Oct 31, 1950, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE: Chester — (Degree or title): M.D. — ADDRESS: Rock Hall Md — DATE SIGNED: Nov 1/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 3/50 — NAME OF CEMETERY OR CREMATORY: Edesville — LOCATION (City, town, or county): Edesville — (State): Md

DATE REC'D BY LOCAL REG.: Nov. 2/50 — REGISTRAR'S SIGNATURE: S. Elwood Bryan

24. FUNERAL DIRECTOR: Asbury Henry Chesterlown — ADDRESS: Md

RECEIVED
NOV 6 1950
BUREAU OF S